



Childcare Reimbursement

Name: * _____

Address: * _____

Email address: _____

Phone: _____

Group Leader or Event: _____

Event Date: * _____

Number of Children: * _____

Number of Hours: * _____

Amount: * _____

* denotes required fields

CHILDCARE REIMBURSEMENT CHART

	1 HOUR	1 1/2 HOURS	2 HOURS	2 1/2 HOURS	3 HOURS
1 CHILD	\$ 7.00	\$10.50	\$14.00	\$17.50	\$21.00
2 CHILDREN	\$ 7.50	\$11.25	\$15.00	\$18.75	\$22.50
3 CHILDREN	\$ 8.00	\$12.00	\$16.00	\$20.00	\$24.00
4 CHILDREN	\$ 8.50	\$12.75	\$17.00	\$21.25	\$25.50

Childcare for more than 4 children will be reimbursed at \$9.00 per hour.

INSTRUCTIONS FOR PROCESSING YOUR CHILDCARE REIMBURSEMENT REQUEST:

1. For accounting purposes, please submit request no later than 30 days after event.
2. Use the reimbursement chart above to figure amounts due. You must submit one form per event.
3. You can expect your reimbursement check within 2 to 3 weeks from date of submission.